## Application Form for UTZ Certification

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| **How to fill in the form:** |
| *If you see a grey field after the title or text, such as this one****,*** *please click with the mouse on this grey field and write your text there- it will be written in the right font. In tables please use simply the empty lines and add additional table lines if necessary (table/add/lines). In the selection-boxes, simply click or on your selection and an “X” will appear.**Complete this form in print, typed or any other electronic format and send it to* *applications@africertlimited.co.ke* *and* *info@africertlimited.co.ke* |

|  |  |  |
| --- | --- | --- |
| **1** | **Name of the operator / Co-operative / company applying for certification:** |       |
| **2** | **Address:** |
| Road°:       | P.O. Box:       |
| Postal Code:       | City:       |
| Email::       | Country:       |
| Phone:       | Fax:       | Mobile:       |
| KRA PIN No:      ***Mandatory for Kenyan companies*** |
| Should the certificate be sent to the above address? [ ] Yes [ ] NoIf no, please indicate address for certificate dispatch:P.O. Box      Postal code      City      Country       |
| **3** | **Legal status** (Ownership of farm)       | **Registration number of company**:       |
| Name and address of Holding company\*:      \* If the applying company is a part of a holding company |
| Countries where the products are intended to be traded:       |
| **4** | **Certification Contact Person Name:** |       |
| Title:  |       |
| Phone number :  |       |
| Email Address:  |       |
| **Financial Contact Person Name:** |       |
| Title:  |       |
| Phone :  |       |
| Email Address:  |       |
| **5** | **Scope applied for**: | UTZ Code of Conduct [ ]  Version      Chain of Custody [ ]  Version       |
| **6** | **Type of Service:** Pre-inspection [ ]  Certification Audit [ ]   |
| **Year of certification applied for:** | [ ] Year 1 [ ] Year 2 [ ] Year 3 [ ] Year 4  |
| **7** | **Previous certification with another certification body for UTZ**? No: [ ] Yes: [ ]  Name of Certification Body       Date of first UTZ certification      Other certification scheme(s) the entity is certified for\*[ ] Organic [ ] Fairtrade [ ] Rainforest [ ] Other. If other, please specify here       |
| **8** | **UTZ GIP Producer Member Number**       |
| **9** | **I am applying for certification for the following areas / sites:** (Co-operatives see section 12)***Please add more rows as necessary*** |
| Estate/Farm | Size (ha) | Location |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **10** | **Total Production Data** previous year  | Green leaves (kg):      Made Tea (kg)      Green Tea (kg)       |
| **Total Production estimate** current year ***Fill for the product to be certified*** | Green leaves (kg):      Made Tea (kg)      Green Tea (kg)       |
| **11** | **Processing activities** |
| Name of entity that does the processing: | Location of the entity: | Ownership: | Chain of custody certification: |
| 1.
 |       | [ ] certificate holder [ ] subcontracted | [ ] Yes [ ] No[ ] In process |
| 1.
 |       | [ ] certificate holder [ ] subcontracted | [ ] Yes [ ] No[ ] In process |
| 1.
 |       | [ ] certificate holder [ ] subcontracted | [ ] Yes [ ] No[ ] In process |
| 1.
 |       | [ ] certificate holder [ ] subcontracted | [ ] Yes [ ] No[ ] In process |
| 1.
 |       | [ ] certificate holder [ ] subcontracted | [ ] Yes [ ] No[ ] In process |
| **12** | **For Co-operatives Please attach the following** **Farmers list with the headings as shown in AC01l Annex 1 UTZ Registry of Group Members.** |
| How many cooperatives belong to the entity? |       |
| How many group members in total belong to the entity? |       |
| How many farms in total belong to the entity? |       |
| **13** | **Information about the workforce:** |
| The permanent workforce is about how many people? | Men       Women      Total       |
| At peak processing the temporary workforce is about how many people? | Men       Women      Total       |
| Are there labour organizations active in the entity? If yes, please describe |       |
| How many members does the labour organization/union have? |       |
| **14** | **Information about service providers:** |
| **Name of service provider** | **Service offered** | **Location** | **Is the service provider certified?** |
| 1.
 |       |       | [ ] Yes [ ] No |
| 1.
 |       |       | [ ] Yes [ ] No |
| 1.
 |       |       | [ ] Yes [ ] No |
| **15** | **Disclosure of information:**Upon acceptance of a formal contract and by signing this document, Producer:**[ ]** Authorizes **[ ]** Does not authorize UTZ to distribute the summary report to Utz Certified buyers. |
| **16** | **Note**: Operators applying for certification must have access to the applicable standards (valid version) this can be downloaded free of charge from [www.utz.org](http://www.utz.org)Or obtained from the information pack from AfriCert Ltd (delivery and printing cost charged to the client). |

Name (Authorised Signatory):       Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_

Company stamp:

**FOR AFRICERT’S USE ONLY:**

| Application reviewed and approved by: |   |
| --- | --- |
| Date of final review and approval: |       |